

TFW

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/731,550
Filing Date	December 9, 2003
First Named Inventor	Ole Isacson
Art Unit	1635
Examiner Name	Terra C. Gibbs
Attorney Docket Number	25429/9

ENCLOSURES (Check all that apply)

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|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Appeal Communication to Board
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Remarks

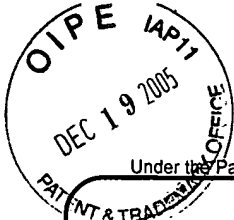
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm Name
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Anthony C. Kuhlmann, Ph.D.Date
12-13-05Reg. No.
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/731,550
Filing Date	December 9, 2003
First Named Inventor	Ole Isacson
Art Unit	000 1635
Examiner Name	Theresa C. Gibbs Terra C. Gibbs
Attorney Docket Number	25429/9

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 21710

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

21710

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Peter Paskevich

Date

12-6-2003

Telephone

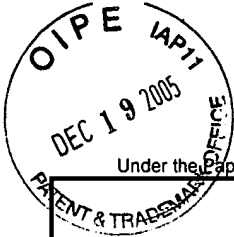
(617) 855-3825

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: The McLean Hospital CorporationApplication No./Patent No.: 10/731,550 Filed/Issue Date: December 9, 2003

Entitled: _____

The McLean Hospital Corporation, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014581, Frame 0159, or for which a copy thereof is attached.

OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

12/6/05

Date

Peter Paskevich

Printed or Typed Name

(617) 855-3825

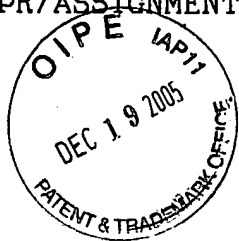
Telephone Number

Vice President/Director

Title

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CLARK & ELBING LLP
PAUL T. CLARK
101 FEDERAL STREET
BOSTON, MA 02110

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RECORDATION DATE: 04/29/2004

REEL/FRAME: 014581/0159
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

ISACSON, OLE

DOC DATE: 03/29/2004

ASSIGNOR:

BJORKLUND, LARS

DOC DATE: 04/07/2004

ASSIGNEE:

MCLEAN HOSPITAL CORPORATION, THE
115 MILL STREET
BELMONT, MASSACHUSETTS 02478

SERIAL NUMBER: 60432128
PATENT NUMBER:

FILING DATE: 12/09/2002
ISSUE DATE:

SERIAL NUMBER: 10731550
PATENT NUMBER:

FILING DATE: 12/09/2003
ISSUE DATE:

014581/0159 PAGE 2

JEFFREY OLSEN, EXAMINER
ASSIGNMENT DIVISION
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15:43

From-CLARK & ELBING LLP

04/29/2004

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T-051

P.002/005

F-161

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Substitute Form PTO-1595

Attorney Docket Number: 04843/116002

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Tracey Simmons

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Signature of Person Sending Transmission

RECORDATION FORM COVER SHEET
PATENTS ONLY

Please record the attached document.

1. Names of all conveying parties: Ole Isacson Lars Björklund Additional names attached: NO	2. Names and addresses of all receiving parties: The McLean Hospital Corporation 115 Mill Street Belmont, MA 02478 Additional names/addresses attached: NO
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____ Execution Date: 03/29/04 and 04/07/04	
4. Application numbers or patent numbers: A. Patent Application Number(s): 60/432,128 and 10/731,550	B. Patent Number(s):
5. Name and address of party to whom correspondence concerning document should be mailed: Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559	6. Total number of applications/patents involved: 2 7. Total fee (37 C.F.R. § 3.41): \$80.00 <input type="checkbox"/> Fee enclosed <input checked="" type="checkbox"/> Authorized to charge deposit account 8. Deposit account number: 03-2095. If the fee above is being charged to deposit account, a duplicate copy of this cover sheet is attached. Please apply any additional charges, or any credits, to Deposit Account No. 03-2095.

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9. Statement and signature: To the best of my knowledge and belief, the foregoing information is true and correct and the attached is the original document or a true copy thereof.

Paul T. Clark

Signature

Date

April 29, 2004

C:\\$80.00 03-2095 60432128

ASSIGNMENT

For valuable consideration, we,

Full Name of Assignor	City	State (and Country if not USA)
Ole Isacson	Cambridge, MA	Massachusetts
Lars Björklund	Stockholm, Sweden	Sweden

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
The McLean Hospital Corporation	Massachusetts	115 Mill Street Belmont, MA 02478 United States

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
DOPAMINERGIC NEURONS DIFFERENTIATED FROM EMBRYONIC CELLS FOR TREATING NEURODEGENERATIVE DISEASES	December 9, 2002	60/432,128
DOPAMINERGIC NEURONS DIFFERENTIATED FROM EMBRYONIC CELLS FOR TREATING NEURODEGENERATIVE DISEASES	December 9, 2003	10/731,550

and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our names or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at BELMONT, MA,
this 29 day of MARCH, 2004.

OLE ISACSON L.S.

STATE OF MA:

:SS.

COUNTY OF MIDDLESEX:

Before me this 29TH day of MARCH, 2004 personally appeared OLE ISACSON
known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged
that he/she executed the same as his/her free act and deed for the purposes therein contained.

Audrey E. Martin
Notary Public

AUDREY E. MARTIN
NOTARY PUBLIC

Commonwealth of Massachusetts
My Commission Expires May 24, 2007

My Commission Expires:

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at _____,
this ____ day of _____, 20__.

LARS BJÖRKLUND L.S.

STATE OF _____:

:SS.

COUNTY OF _____:

Before me this ____ day of _____, 20__, personally appeared LARS BJÖRKLUND
known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged
that he/she executed the same as his/her free act and deed for the purposes therein contained.

IN WITNESS WHEREOF, I hereto set my hand and seal at _____,
this ____ day of _____, 20__.

OLE ISACSON

L.S.

STATE OF _____:

:SS.

COUNTY OF _____:

Before me this ____ day of _____, 20__, personally appeared OLE ISACSON
known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged
that he/she executed the same as his/her free act and deed for the purposes therein contained.

Notary Public

My Commission Expires:

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at Carolina Institute,
this 7 day of April, 2024.

Lars Björklund
LARS BJÖRKLUND

L.S.

STATE OF Stockholm:

:SS.

COUNTY OF Stockholm:

Before me this 7 day of April, 2024, personally appeared LARS BJÖRKLUND
known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged
that he/she executed the same as his/her free act and deed for the purposes therein contained.

Håkan Thonberg

Håkan Thonberg

+46 8 642 26 66